

**NOTICE OF VIOLATION**

|                                             |             |                                                                       |                              |                   |          |
|---------------------------------------------|-------------|-----------------------------------------------------------------------|------------------------------|-------------------|----------|
| Date of Violation<br>04/13/2017             | Time<br>105 | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Day of Week<br>S M T W T F S | MD<br>107         | CD<br>13 |
| Name (First, Middle, Last)<br>HOBART AVE LP |             |                                                                       |                              |                   |          |
| Address<br>1649 WEBLESLEY AVE               |             |                                                                       |                              |                   |          |
| City<br>LOS ANGELES                         |             | State<br>CA                                                           |                              | Zip Code<br>90025 |          |
| Driver's Lic./ID No.                        | State       | Class                                                                 | Age                          | Birth Date<br>/ / |          |
| Sex                                         | Hair        | Eyes                                                                  | Height                       | Weight            | Race     |
| Vehicle License No. or VIN                  |             |                                                                       | State                        |                   |          |
| Yr. of Veh.                                 | Make        | Model                                                                 | Body Style                   | Color             |          |
| Contractor's License Number                 |             |                                                                       |                              |                   |          |

Company Name

Company Address

City  
1309 N. HOBART BLVD

State  
LA

Zip Code  
90027

Violation Description

1. LAMC 56.08 OVERGROWN VEGETATION
- 2.
- 3.

☐ See Reverse Side for Violation

Location of Violation(s)

PARKWAY @ 1309 N. HOBART BLVD

Violation Noticed was:

☐ Posted ☐ Hand Served ☒ Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

LOREDO J. 57325  
Investigator Serial Number

213-792-6891 7 am - 8 am :30 pm - 3:30 pm  
Investigator Telephone Number Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature

YOU ARE REQUIRED TO:

- ☐ COMPLY WITH THIS NOTICE AT ONCE
- ☒ COMPLY WITH THIS NOTICE WITHIN 5 DAYS FROM THE DATE SHOWN ABOVE.
- ☐ APPEAR FOR A HEARING ON \_\_\_\_\_ AT  
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN \_\_\_\_\_ AND \_\_\_\_\_
- ☐ PAY FEES AND/OR FINES IN THE AMOUNT OF \_\_\_\_\_ PLEASE SEND PAYMENT  
TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW  
BUREAU OF STREET SERVICES, INVESTIGATION AND ENFORCEMENT DIVISION  
1149 S. BROADWAY, SUITE 350  
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION  
AT THE PROPERTY OWNERS EXPENSE.

**NOTICE OF VIOLATION**

|                                                 |             |                                                                       |                              |                        |         |
|-------------------------------------------------|-------------|-----------------------------------------------------------------------|------------------------------|------------------------|---------|
| Date of Violation<br>08/07/2017                 | Time<br>7pm | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Day of Week<br>S M T W T F S | MD<br>107              | CD<br>4 |
| Name (First, Middle, Last)<br>JENNIFER GILIASPY |             |                                                                       |                              |                        |         |
| Address<br>[REDACTED]                           |             |                                                                       |                              |                        |         |
| City<br>[REDACTED]                              |             | State<br>[REDACTED]                                                   |                              | Zip Code<br>[REDACTED] |         |
| Driver's Lic./ID No.                            | State       | Class                                                                 | Age                          | Birth Date<br>/ /      |         |
| Sex                                             | Hair        | Eyes                                                                  | Height                       | Weight                 | Race    |
| Vehicle License No. or VIN                      |             |                                                                       | State                        |                        |         |
| Yr. of Veh.                                     | Make        | Model                                                                 | Body Style                   | Color                  |         |
| Contractor's License Number                     |             |                                                                       |                              |                        |         |

Company Name

Company Address

City  
[REDACTED]

State  
[REDACTED]

Zip Code  
[REDACTED]

Violation Description

1. 62.105(A) PERMIT REQUIRED FOR
2. CONSTRUCTION OF NEW CURB
- 3.

☐ See Reverse Side for Violation

Location of Violation(s)

ADJACENT TO 7230 CREST WAY

Violation Noticed was:

☒ Posted ☐ Hand Served ☐ Mailed

Comments

OBTAIN PROPER VALID PERMITS

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Investigator Serial Number

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